

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551722

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		3		1		
5		4		1		
6		5		1		
7		6		1		
8		7		1		
9		8		1		
10		9		1		
11		10		1		
12	1		1			
13		1		1		
14		2		1		
15		3		1		
16		4		1		
17		5		1		
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19		7		1		
20		8		1		
21		9		1		
22		10		1		
23		11		1		
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36		24		1		
37		25		1		
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42		30		1		
43		31		1		
44		32		1		
45		33		1		
46		34		1		
47		35		1		
48		36		1		
49		37		1		
50		38		1		
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←	12	←		←	
TOTAL CLAIMS		15				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						